



R. Kent
7-2-03
#8/B

AMENDMENT	Application #	09/966,761
	Confirmation #	
	Filing Date	October 1, 2001
	First Inventor	BARNES, et al
	Art Unit	3727
	Examiner	Hylton, Robin Annette
	Docket #	P07353US00/MP (IDF 67428)

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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S I R:

In response to the Office Action mailed February 28, 2003, please amend the above identified application as follows.

IN THE SPECIFICATION

Replace each paragraph indicated in **Attachment A** with the paragraph (marked up to show the changes from the original paragraph) as shown after the indication.

IN THE CLAIMS

Please cancel claims 12 and 13 without prejudice or disclaimer.

A complete listing of all claims is provided herewith in **Attachment B**. It will be noted that claims 1, 2, 6, 7, 14, 15 and 16 are currently amended; and claims 18 and 19 are currently added.

REMARKS

Claims 1-11 and 14-19 are now present in this application. These include original independent claims 1 and 6 and new independent claim 18 from which claims 14-17 and 19 depend. Claims 1, 2, 6 and 7 have been amended to correct a spelling error, and claims 14-16 have been amended to be consistent with their new independent claim 18.



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Customized PTO/SB/21 (05-03)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/966,761
	Confirmation #	
	Filing Date	October 1, 2001
	First Inventor	BARNES, et al
	Art Unit	3727
	Examiner	Hylton, Robin Annette
Total number of pages in this submission	Docket #	P07353US00/MP (IDF 67428)


ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment incl. Attachments A & B After Final <input checked="" type="checkbox"/> Extension of Time Petition Information Disclosure Statement <input checked="" type="checkbox"/> Other: Color photograph of Polo prior art dispenser	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawings <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Group

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
..... TOTAL CLAIMS	17	20		X \$ 18 =	
..... INDEP. CLAIMS	3	3		X \$ 84 =	
TOTAL OF ABOVE CLAIMS FEES =					
..... Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input checked="" type="checkbox"/> Fee for extension of time (per attached Petition)					110
..... Other fee for					
TOTAL OF ALL FEES =					110

☒ A check in the amount of \$110 is enclosed. If no check or an insufficient check is enclosed and a fee is due in connection herewith, the Commissioner is authorized to charge any fee or additional fee due in connection herewith to Deposit Account No. 12-0555.

☒ In the event that a petition for extension of time is required to be submitted herewith and that a separate petition is not submitted herewith, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. Any fee is authorized above.

Date: June 27, 2003


By: Marvin Petry
Registration No.: 22752

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